

Winter Workshop 2009-2010

(Feb 5, 6, & 7) - Registration Package



Member information: Please print clearly		
Last Name:	First Name:	
Street Address:	City:	Postal Code:
Phone Number: (403)	email:	
Age:	DOB:	Piper / Drummer / Chanter / Drum Pad (circle one)*

* Chanter and drum pad players have the will attend the workshop for a shorter period of time than the other members. Please refer to the schedule in the accompanying information package or talk to your child's instructor to find out how long your child should attend.

Parent or Guardian Information (for members <18 years of age)		
Last Name:	First Name:	
Street Address:	City:	Postal Code:
Phone Number: (403)	email:	
Waiver for participation		
<p>In consideration of you accepting this registration, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Ogden Legion Pipe Band, it's agents, representatives, successors, and assignees, for any and all injuries suffered by me at or through the above mentioned events.</p>		
Signature _____ Date _____		
(Must be signed by a Parent or Guardian for members under 18 years)		

Complete & return this form with registration.

Winter Workshop 2009-2010 ~ Health and Medical Record

Anyone participating at the OLPB Winter Piping and Drumming Workshop needs this completed form on file at the workshop. It attests to current personal health and medical history by the member (or parent/guardian). The information contained in this form is confidential and will be maintained in a secure manner. To be filled out by parent, guardian or adult participant. Please print in ink.

Member Demographic Information			
Last Name:	First Name:	DOB:	Age:
Home Address:			
City:	Postal Code:	Phone Number:	
Physician Name:		Phone Number:	
Provincial Health Care Number:			

Parent / Guardian Demographic Information		
Last Name:	First Name:	
Address:	City:	Postal Code:
Phone Number(s):		

Emergency Contact Information if person above not available		
Last Name:	First Name:	Relationship:
Phone Number (s):		

In case of emergency, I understand every effort will be made to contact those persons named above. In the event that they cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, or injections.

Date: Signature: (parent or guardian for players under 18 yrs)

Complete & return this form with registration.

List any other chronic or recent illnesses that the instructors should be aware of:

List any medications to be taken at camp:

*Medications, both prescription and over the counter, must be in their original container and be labeled with player's name and dosage information. Medications will be administered by the chaperone placed in charge of medication. Players over the age of 18 or identified by their parents as capable may self-administer medication but the medications must be stored in a secure manner to prevent younger players from accessing it.

List any food, medication or other allergies and describe the reaction:

List any (physical &/or behavioral) conditions that may affect or limit full participation in workshop activities:

Other Comments:

Winter Workshop ~ Parent Volunteer Form

Parent Volunteer Request:

To make this event possible, volunteers including some parent chaperones that can stay overnight on site will be required. We will also need a clean-up crew who can come in earlier on Sunday morning to help vacuum rooms, sweep up the main hall and clean bathrooms. Please indicate your volunteer preferences below.

~ Chaperone ~

<input type="checkbox"/> I would be willing to chaperone a group of children at the workshop (chaperones must remain on site)
Name:
Phone Number:
Email:

OR

~ Clean-up ~ (chaperones will **NOT** be cleaning up as they will be exhausted)

<input type="checkbox"/> I will help clean up on Sunday morning
Name:
Phone Number:
Email:

Remember, we will still need every family to help provide snacks for the

Complete & return this form with registration.

*workshop – we'll let you know what we
need you to bring.*

Complete & return this form with registration.

Winter Workshop 2009-2010 ~ Code of Conduct

Please read & sign the following code of conduct.

- * iPod's, cell phones and other personal "toys" will only be used during scheduled free time. If they are used during instruction time, they will be temporarily confiscated.
- * All instructors, chaperones, parents and fellow members will be treated with courtesy and respect.
- * There will be smoking allowed on-site for adults, however, only in designated areas.
- * There will be no alcohol allowed on-site.
- * All medication will be maintained in a secure manner so that younger players will not be able to access it. Medications for younger members will be administered through a medication sign-in process.
- * If you are staying on-site you will not be permitted to leave the venue for the duration of the workshop even if you have your own transportation. Adult chaperones may need to leave temporarily, but only if there are enough chaperones to cover the activities.
- * The participants for event will encompass a broad age range (8-18). We request that there be no profanity or inappropriate behavior or jokes.
- * Workshop participants will be picked up on time on Saturday night or Sunday morning!!!
- * The consequences of inappropriate behavior or breaking the rules will be removal from the workshop. Decisions regarding removal will be made by the organizing committee and all decisions will be final.

I have read the above code of conduct and agree to abide by the rules of the workshop.

Member Signature:

Parent/Guardian Signature:

This form must be signed by both the member and a parent or guardian.

Complete & return this form with registration.